

Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number

Filing Date

First Named Inventor

Title

Group Art Unit

Examiner Name

Attorney Docket Number

RECEIVED

OCT 17 2002

TECHNOLOGY CENTER R3700

I hereby appoint:

☐ Practitioners at Customer Number →

Place Customer
Number Bar Code
Label here

☒ Practitioner(s) named below: (SEE ATTACHED LIST OF PRACTITIONERS)

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number →

Place Customer
Number Bar Code
Label here

☒ Firm or
Individual Name

Dority & Manning, P.A.

Address One Liberty Square

Address 55 Beattie Place, Suite 1600

City Greenville

State SC

Zip 29601

Country U.S.A.

Telephone (864) 271-1592

Fax (864) 233-7342

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Randolph Houchins, VP and Asst. Secretary

Signature

Date

August 26, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

POWER OF ATTORNEY: I hereby appoint the following attorney(s) and/or agent(s) to transact all business in the Patent and Trademark Office in connection with those matters referenced on the attached.

Wellington M. Manning, Jr.	Registration No. 22,376
Julian W. Dority	Registration No. 20,268
James M. Bagarazzi	Registration No. 29,609
Richard M. Moose	Registration No. 31,226
Stephen E. Bondura	Registration No. 35,070
Timothy A. Cassidy	Registration No. 38,024
Jeffrey M. Karmilovich	Registration No. 35,915
Frances Barnes Elliott	Registration No. 41,598
J. Bennett Mullinax	Registration No. 36,221
John E. Vick, Jr.	Registration No. 33,808
Jason W. Johnston	Registration No. 45,675
Tim F. Williams	Registration No. 47,178
Neal P. Pierotti	Registration No. 45,716
Bernard S. Klosowski, Jr.	Registration No. 47,710
Timothy D. St. Clair	Registration No. 48,316
Steven R. LeBlanc	Registration No. 47,740
David M. Sigmon	Registration No. 52,224
Christina L. Mangelsen	Registration No. 50,244
Harry E. Moose, Jr.	Registration No. 51,277
Jennifer L. van der Horst	Registration No. 52,312

I also appoint associate Power of Attorney to Leonard W. Pojunas, Jr.; Registration No. 30,314; 30000 Mill Creek Avenue, Suite 100, Alpharetta, Georgia 30022.

MATTERS ASSIGNED TO LHS GROUP, INC.

<u>Patent/Serial No.</u>	<u>Issue/Filing Date</u>	<u>Inventor(s)</u>	<u>Title</u>	<u>Attorney Docket No.</u>
6,058,173	05/02/00	Penfield et al.	REAL-TIME CALL RATING AND DEBITING SYSTEM	SSM-7
09/557,475	04/24/00	MeLampy et al.	SYSTEM AND METHOD FOR IMPLEMENTING AN END OFFICE SWITCH WITH ENHANCED FUNCTIONALITY USING AN OPERATING SYSTEM INDEPENDENT DISTRIBUTED SELF-CONTAINED DYNAMIC LOGIC SYSTEM	SSM-8
09/819,446	03/28/01	Kappel et al.	CUSTOMER CARE AND BILLING SYSTEM	SSM-9
09/825,438	04/02/01	Kappel et al.	SYSTEM AND METHOD FOR MEMORY MANAGEMENT	SSM-9.2
09/825,151	04/02/01	Kappel et al.	SYSTEM AND METHOD FOR LOGINS	SSM-9.3
09/825,298	04/02/01	Kappel et al.	SYSTEM AND METHOD FOR EXCEPTION HANDLING	SSM-9.4
09/823,892	03/31/01	Billier et al.	META APPLICATION SYSTEM AND METHOD	SSM-9.5
09/823,894	03/31/01	Kappel et al.	CORBA JELLY BEANS SYSTEM AND METHOD	SSM-9.6
09/823,866	03/31/01	Kappel et al.	OBJECT TO OBJECT COMMUNICATION SYSTEM AND METHOD	SSM-9.7
09/825,436	04/02/01	Gowen et al.	DECISION SUPPORT SYSTEM AND METHOD	SSM-10
09/825,297	04/02/01	Anderson et al.	PREPAID SERVICE INTERFACE SYSTEM AND METHOD	SSM-11
09/828,579	04/02/01	Engelien et al.	BUSINESS SUPPORT AND CONTROL SYSTEM AND METHOD	SSM-11.2



"Express Mail" - Mailing Label Number EV110367962US

Date of Deposit October 11, 2002

I hereby certify that this paper, papers attached hereto,
and/or fee is being deposited with the United States Postal
Service "Express Mail Post Office to Addressee" service under
37 CFR 1.10 on the date indicated above and is addressed to the
Commissioner of Patents, Washington, D.C. 20231

CHRISTINE P. STANFIELD

(Typed or printed name of person mailing paper or fee)

Christine P. Stanfield

(Signature of person mailing paper or fee)

RECEIVED

OCT 17 2002

TECHNOLOGY CENTER R3700



10-15-02

09/828579

3629

Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/31/2002: OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application

☐ Customer Number

OR

Place Customer Number Bar Code Label here

RECEIVED
OCT 17 2002

TECHNOLOGY CENTER #3700

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City					
Country		State		ZIP	
Telephone		Fax			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Randolph Houchins, VP and Asst. Secretary
Signature	
Date	August 26, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.